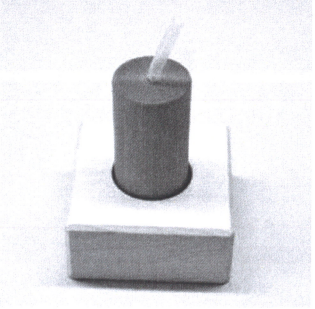


Novel Tools Test

Name: A.B.

Date: 19.09.2016

No.	Item	Selection		
0.1				
0.2				
0.3				
1				
2				

Selection	Production		Execution	Notes
do not evaluate	G: cylinder or lateral grip OT: towards the functional part of the tool M: forward towards the cylinder, position the tool, lift up, transport O: functional part of the tool underneath the T of the cylinder		do not evaluate	Patient understood the task
do not evaluate	G: cylinder or lateral grip OT: towards the functional part of the tool M: sideways towards the cylinder, place functional part of tool around rod, lift up, transport O: functional part of the tool over the rod		do not evaluate	not executed
do not evaluate	G: cylinder or lateral grip OT: towards the functional part of the tool M: sideways towards the cylinder, place functional part onto square, lift up, transport O: functional part onto square		do not evaluate	- " -
<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	G: cylinder or lateral grip OT: towards the functional part of the tool M: forward towards the cylinder, place the tool, lift up, transport O: functional part of the tool positioned below the pyramid	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 0	G: cylinder or lateral grip OT: towards the functional part of the tool M: forward, put the functional part of the tool over the tube, jam/fold the tube, lift up, transport O: put the functional part of the tool over the tube	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 0	

G = Grip, OT = Orientation of the Thumb, M = Movement, O = Orientation

Selection & Execution: 2 = First Correct; 1 = Second Correct; 0 = Total Error

Novel Tools Test (Continuation)

Name: H. B.

Date: 19.03.2016

No.	Item	Selection		
3			 <p style="text-align: center;"><i>1st choice</i></p>	
4				
5			 <p style="text-align: center;"><i>1st choice</i></p>	

Selection	Production		Execution	Notes
<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 0	G: cylinder or lateral grip OT: towards the functional part of the tool M: forwards, put the functional part of the tool first into one loop, then into the other one, lift up, transport O: put the functional part of the tool into loops	① ① ✗ ✗	<input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 0	<i>The patient only captured the rope on one end and lifted it up without the cylinder.</i>
<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	G: cylinder or lateral grip OT: towards the functional part of the tool M: forwards, sideways to the cylinder, place functional part of the tool over tube and move towards solid part, lift up, transport O: functional part of the tool over/around the tube and solid part of the cylinder	① ① ① ①	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 0	G: cylinder or lateral grip OT: towards the functional part of the tool M: forwards, put functional part of the tool over pyramid and turn/interlock, lift up, transport O: functional part of the tool over the pyramid	① ① ✗ ①	<input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 0	
7		17	5	Sum
6-10		m 18-20 f 17-20	m 7-10 f 5-10	no apraxia
5		m ①7 f 16	m 6 f 4	mild apraxia
4		m 16 f 15	m ⑤ f 0-3	moderate apraxia
0-3		m 0-15 f 0-14	m 0-4 f *	severe apraxia

The patient was able to select the right tools, but was not able to use them correctly in many cases.